

STATE
LOGO**Natural Disaster Morbidity Report Form
For Active Surveillance in Clinical Care Settings**

Complete one form per patient. Use category or categories that best describe the reason the patient is **currently** seeking care.

Part I VISIT INFORMATION

1. LOCATION & NAME OF FACILITY:

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|--|--|

2-letter STATE

NAME OF FACILITY / STATION

2. DATE OF VISIT:

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MM

DD

YYYY

3. TIME OF VISIT:

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|--|--|---|--|--|

12-hour Clock

OAM
OPM**Part II PATIENT INFORMATION**

4. MEDICAL RECORD NUMBER (Or other unique identifier):

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5. AGE (YEARS):

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0 = <1 YEAR

99+ = 99

6. RACE/ETHNICITY (Check all that apply):

☐ White ☐ Black/African American ☐ Hispanic or Latino ☐ Asian ☐ Other

7. SEX:

☐ Male ☐ Female

8. If Female, PREGNANT?

☐ Yes ☐ No ☐ Unknown**Part III REASON FOR VISIT**Please check **all** categories related to patient's **current** reason for seeking care.**CAUSE OF INJURY**

- ☐ **Bite / sting**, *specify*:
- ☐ animal ☐ insect ☐ snake
- ☐ human
- ☐ **Burn**, *specify*:
- ☐ chemical
- ☐ fire, hot object or substance
- ☐ sun exposure
- ☐ **Cut**, *specify*:
- ☐ debris
- ☐ machinery (e.g. chainsaw)
- ☐ **Drowning / submersion**
- ☐ **Electrocution**
- ☐ **Fall**, *specify*:
- ☐ from height
- ☐ same level
- ☐ **Foreign body** (e.g., in eye, splinter)
- ☐ **Hit by object**
- ☐ **Poisoning**, *specify*:
- ☐ CO exposure
- ☐ inhalation of other fumes, dust, or gas
- ☐ ingestion
- ☐ **Vehicle Collision** *specify*:
- ☐ Driver/occupant, *specify*:
- ☐ motorized ☐ non-motorized
- ☐ Pedestrian
- ☐ **Violence / assault**, *specify*:
- ☐ sexual assault
- ☐ suicide / self-inflicted injury
- ☐ **Undetermined, Non-specific**

ROUTINE/FOLLOW-UP CARE

- ☐ **Medication Refill**
- ☐ **Re-check**
- ☐ **Vaccination**

ACUTE ILLNESS / SYMPTOMS

- ☐ **Abdominal pain**
- ☐ **Cardiac emergency** (e.g. pain, arrest)
- ☐ **Cold-related** (e.g., hypothermia)
- ☐ **Conjunctivitis / eye irritation**
- ☐ **Dehydration**
- ☐ **Dizziness**
- ☐ **Fever** (i.e., >100.4° F or 38° C)
- ☐ **Gastrointestinal**, *specify*:
- ☐ nausea / vomiting ☐ bloody diarrhea
- ☐ watery diarrhea ☐ non-specific diarrhea
- ☐ **Headache or migraine**
- ☐ **Heat-related**
- ☐ **Jaundice**
- ☐ **Meningitis / encephalitis, suspected**
- ☐ **Musculo-skeletal pain** (including joint, back)
- ☐ **Neurological** (e.g., altered mental status or confused / disoriented, syncope, stroke)
- ☐ **Oral / Dental pain**
- ☐ **Respiratory**, *specify*:
- ☐ cough, *specify*:
- ☐ dry ☐ productive ☐ with blood
- ☐ wheezing in chest
- ☐ pneumonia, suspected
- ☐ shortness of breath, difficulty breathing
- ☐ **Skin / soft tissue**, *specify*:
- ☐ rash
- ☐ infection
- ☐ infestation (e.g. lice, scabies)
- ☐ sore throat
- ☐ **Urinary pain** (e.g. UTI)

EXACERBATION OF CHRONIC DISEASE

- ☐ **Cardiovascular**, *specify*:
- ☐ hypertension
- ☐ congestive heart failure
- ☐ **Diabetes**
- ☐ **Immunocompromised**
- ☐ **Respiratory**, *specify*:
- ☐ asthma ☐ COPD
- ☐ **Seizure**

MENTAL HEALTH

- ☐ **Affective symptoms** (e.g. overly anxious or depressed)
- ☐ **Drug/alcohol intoxication or withdrawal**
- ☐ **Psychological evaluation**
- ☐ **Suicidal thoughts or attempt**
- ☐ **Violent behavior / threatening violence**

OBSTRETRICS / GYNECOLOGY

- ☐ **Complication of pregnancy** (e.g., premature, bleeding, abdominal pain, fluid leakage)
- ☐ **GYN condition** not associated with pregnancy or post-partum period
- ☐ **In labor** with/without complications
- ☐ **Routine pregnancy check-up**

OTHER

- ☐ **Other** (Illness/injury/condition not fitting into one of the above categories), *specify*:

Part IV WORKER / VOLUNTEER STATUS INFORMATION9. Did condition occur as a result of work (paid or volunteer) involving disaster response or restoration efforts? ☐ Yes ☐ No ☐ Unknown

10. OCCUPATION / RESPONSE ROLE: 12. ACTIVITY AT TIME OF INJURY / ILLNESS:

Part V DISPOSITION

- ☐ Discharge to self-care ☐ Died
- ☐ Admit / refer to hospital ☐ Unknown
- ☐ Refer to other care (e.g., clinic, physician, center)
- ☐ Left before examination completed

Natural Disaster Morbidity Report Form

Instructions and Definitions

Complete Natural Disaster Morbidity Report Form for ALL and each VISIT.

Information about symptoms should be obtained from the patient/client when possible.

Fill-in the circle, do not just check or mark the circle. If a mistake is made, erase or exceed extensively the borders of the error circle, then mark appropriately the correct circle.

Mail completed forms to: Health Studies Branch, 4770 Buford Hwy., MS F-46, Chamblee, GA 30341.

correct



incorrect



error



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|----------------------------------|--|
| PART 1 | <p>Q1. Location and Name of Facility: enter the 2-letter state and name of facility where treatment is being rendered.</p> <p>Q2. Date of Visit: enter the month, day, and year, in MM/DD/YYYY format, of the day that the patient received treatment. If there are multiple visits from the same patient, complete multiple forms.</p> <p>Q3. Time of Visit: enter in the time in military format (24 hour clock).</p> |
| PART 2 | <p>Q4. Medical Record Number: enter the medical record number or other unique identifier</p> <p>Q5. Age (YEARS): age in years, those under 1 mark <1 circle</p> <p>Q6. Race/Ethnicity: mark all that apply</p> <p>Q7. Sex: mark either "male" or "female"> If gender is ambiguous, self-proclaimed behavior (not anatomy) should be recorded.</p> <p>Q8. If Female, Pregnant: if female, mark either "yes", "no", or "unknown"</p> |
| PART 3 – REASON FOR VISIT | <div style="display: flex;"> <div style="flex: 1;"> <p>Injury</p> <p>Bite/sting: — includes, but is not limited to injuries through the skin from insects, dogs (stray or pets), snakes, and humans</p> <p>Burn: Exposure to chemical, fire, or sunlight</p> <p>Cut: Loss of skin continuity regardless of depth includes scrapes, piercing & puncture wounds.</p> <p>Drowning/submersion: Suffocated in water or some other liquid</p> <p>Electrocution: Electricity passing through body</p> <p>Fall: Specify whether the fall was from the same level or from a height (e.g. roof, ladder)</p> <p>Foreign body: Foreign object penetrating the body (e.g. eye, splinter)</p> <p>Hit by object: Struck by an object</p> <p>Poisoning: Exposure to a poison (ingestion, inhalation, injection, dermal)</p> <p>Vehicle collision: Includes motorized and non-motorized vehicles and pedestrian injuries</p> <p>Violence/assault: Intentional injury inflicted on a person</p> <p>Undetermined, Non-specific: All others not classified above</p> <p><u>Routine/Follow-up Care:</u> mark all that apply</p> <p>Acute Illness/Symptoms</p> <p>Abdominal pain: Abdomen pain ranging from dull discomfort to acute distress, may be generalized or localized</p> <p>Cardiac emergency: cardiac symptoms/signs (e.g. chest pain (angina), cardiac arrest, irregular heart beat) requiring immediate life saving medical intervention</p> <p>Cold-related: Includes hypothermia (body temp <95F or <35C), frostbite</p> <p>Conjunctivitis (bacterial and viral): Pain or redness of conjunctiva or around eye <i>and</i> non-watery discharge from the conjunctiva or contiguous tissues</p> <p>Dehydration: Abnormal depletion of body fluids</p> <p>Dizziness: Sensation of unsteadiness accompanied by a feeling of movement within the head</p> <p>Fever: Documented temperature (not self-reported) of > 100.4 F or 38 C.</p> <p>Gastrointestinal: Symptoms relating to, or affecting both stomach and intestines</p> <p>Nausea/Vomiting—Stomach distress with distaste for food, accompanied by vomiting or an urge to vomit</p> <p>Bloody diarrhea—3 > loose stools with blood (seen with naked eye)</p> <p>Watery diarrhea—3 > loose or watery bowel movements per day</p> <p>Non-specific diarrhea – Diarrhea not otherwise categorized</p> <p>Headache or migraine: Severe headache often accompanied by nausea and vomiting</p> <p>Heat-related: Includes heat cramps, heat exhaustion, heat stroke</p> <p>Jaundice: Yellowish discoloration of skin, sclera/conjunctiva, nail beds, or mucous membranes beneath the tongue.</p> <p>Meningitis/Encephalitis: Symptoms/signs of at least <i>two</i> of the following: fever (> 38 C), headache, stiff neck, focal neurological abnormalities (e.g. weakness), or altered mental status (including irritability, confusion, drowsiness, seizures, hallucinations, agitation, personality change, stumbling gait and stupor).</p> <p>Musculo-skeletal pain: Pain involving musculature and/or skeleton systems (including backache)</p> <p>Neurological: Symptoms such as altered mental status or confused / disoriented, syncope, stroke</p> <p>Oral dental pain: Includes pain to teeth, gums, and radiating facial pain if suspected related to oral disease</p> <p>Respiratory illness: Cough—Subjective, Shortness of breath / Difficulty breathing—Subjective, Wheezing—Subjective</p> </div> <div style="flex: 1;"> <p>Skin/Soft tissue</p> <p>Rash: generalized or localized not related to infestation (see below)</p> <p>Infection: purulent drainage <i>or</i> at least <i>two</i> of the following at site: pain or tenderness, localized swelling, redness, or heat.</p> <p>Infestation: skin irritation/rash related to skin infestation such as scabies</p> <p>Sore throat: Subjective</p> <p>Urinary pain: Symptoms related to urinary tract such as urinary tract infection, inability to urinate, and possible sexually transmitted diseases.</p> <p>Exacerbation of Chronic Illness: Complete only for current exacerbations of a previously diagnosed illness, whether in treatment or not, that motivates the visit.</p> <p>Mark the appropriate diagnosis if the current symptoms can be explained by a chronic condition presently diagnosed by a provider. Confirm that diagnosis was made by a provider. DO NOT mark a condition that has been diagnosed previously but does not explain the current symptoms or is not the reason for the visit.</p> <p>Cardiovascular disease</p> <p>-Hypertension (High blood pressure (BP)): defined as systolic BP >140 mmHg or a diastolic blood pressure > 90 mmHg</p> <p>-Congestive heart failure (CHF): History of CHF and exhibits severe symptoms of dyspnea (SOB), fatigue, and increase respiratory rate.</p> <p>Diabetes: History of diabetes presents with elevated blood sugar level above 140 mg/dl or low blood sugar causing altered mental status</p> <p>Immunocompromised: History of impaired or weakened immune system (e.g. HIV, lupus, including long-term use of steroids)</p> <p>Asthma: History of asthma; exhibits airway obstruction manifested by shortness of breath (SOB) accompanied by wheezing and coughing.</p> <p>Chronic Obstructive Pulmonary Disease (COPD): History of COPD (as emphysema or chronic bronchitis) exhibits worsening SOB/hypoxia.</p> <p>Seizures: Symptoms such as convulsions, or sensory disturbances requiring immediate medical intervention</p> <p>Mental Health: Complete <i>ONLY</i> when the mental health problem is the cause for consultation. Mark all that apply.</p> <p>Affective symptoms: Mood or emotional responses dissonant with or inappropriate to the behavior and/or stimulus (e.g. depression, hallucinations, and psychosis etc)</p> <p>Drug/alcohol intoxication or withdrawal: substance abuse or dependence that leads to impairment in functioning. Excludes caffeine or nicotine.</p> <p>Psychological evaluation: Requesting a mental health evaluation – either self-request or brought in by an agency/person</p> <p>Suicidal thoughts or attempts: injury or poisoning (mark the appropriate) resulting from the deliberate violent act inflicted on oneself (self-inflicted) with the intent to take one's life (suicide) or with the intent to harm oneself (self-harm).</p> <p>Violent behavior/threatening violence: behavior continuum includes verbal abuse including uncontrolled profanity to physical aggression.</p> <p>Obstetrics/Gynecology: Complete <i>ONLY</i> when the OB/GYN problem is the cause for consultation. Mark all that apply</p> <p>Complication of pregnancy: : includes, but not limited to, ectopic pregnancy, spontaneous abortions, preterm labor, premature rupture of membranes, placenta previa or abruption, High BP (preeclampsia/ eclampsia), gestational diabetes, fever/infections, and postpartum hemorrhage.</p> <p>GYN conditions: includes vaginal discharge (e.g. bacterial vaginosis) and vaginal bleeding (e.g. disorders of menstruation, abnormal vag bleeding).</p> <p>In labor: actively contracting with at least 6 contractions/hour and/or documented cervical change on examination, with or without rupture of membranes</p> <p>Routine pregnancy check-up: includes only those visits for routine prenatal care without a chief complaint</p> <p><u>Other:</u> any other illness, injury, or condition not fitting into one of the categories listed.</p> </div> </div> |
| PART 4 | <p>Q9. Did condition occur as a result of work involving disaster response or restoration efforts</p> <p>Q10. Occupation/response role: If #9 was yes, please specify patient's occupation or response role at the time of injury/illness</p> <p>Q11. Activity at time of injury/illness: Specify the activity that was being conducted at the time of injury/illness</p> |